

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91118 015 \*\*\*158.75

C0057285

DO NOT WRITE IN THIS SPACE

**DOCUMENT #**

1. Entity Name P95000017937

Accredited Health Care Inc.

**Principal Place of Business**1424 Commerical Park #3  
Lakeland, FL 33801**Mailing Address**777 Yamato Road Ste. 330  
Boca Raton, FL 33431**2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number** 59-3339442

Applied For

Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional**

Fee Required

**6. Name and Address of Current Registered Agent**Myrick, Kim  
777 Yamato Road Suite 330  
Boca Raton, FL 33431**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

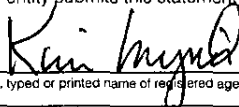
City

FL

Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

SIGNATURE



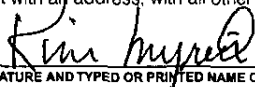
(Secretary/Treasurer)

4/19/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing**  
Trust Fund Contribution. ☐**\$5.00 May Be**  
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE NAME STREET ADDRESS CITY-ST-ZIP  
McCaskill, Susan T. (Pres) ☐ Delete  
742 Mulberry Avenue  
Celebration, FL 34747TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Myrick, Kim (Sec/Tres) ☐ Delete  
1664 Flagler Manor Circle  
West Palm Beach, FL 33411TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Lechner, Brian (Pres) ☐ Delete  
360 SE Mizner Blvd. #1509  
Boca Raton, FL 33432TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:**

Kim Myrick

4/19/01

(561) 893-0163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)